Unsecured

B10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT Northern District of New York | **PROOF OF CLAIM**

Name of Debtor: Jonathan E. Fuller
Carrie L. Fuller

Case Number: 10-32160-5-mcr

NOTE: *This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.*

Name of Creditor (the person or other entity to whom the debtor owes money or property):
Neonatal Associates of CNY

☐ Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:
Neonatal Associates of CNY
736 Irving Ave Rm 9100
Syracuse, NY 13210-1687

FILED
MAR 23 2011
OFFICE OF THE BANKRUPTCY CLERK
SYRACUSE, NY

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number:

Name and address where payment should be sent (if different from above):

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

Telephone number: 315-420-7009

1. Amount of Claim as of Date Case Filed: $ 40.00

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim: Copay on Insurance Claims
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: _____

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Value of Property: $_____ **Annual Interest Rate** ___%

Amount of arrearage and other charges as of time case filed included in secured claim, if any: $_____ **Basis for perfection:** _____

Amount of Secured Claim: $_____ **Amount Unsecured:** $_____

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to $11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).

☐ Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

☐ Up to $2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(__).

Amount entitled to priority:

$_____

Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (*See instruction 7 and definition of "redacted" on reverse side.*)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date: 3/21/11

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Eileen L Keeler

FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

RECEIVED
MAR 18 2011

039525

17407039564022

MAKE CHECKS PAYABLE TO:
Neonatal Associates Of CNY
736 Irving Ave
Room 9100
Syracuse, NY 13210

03/21/11 $20.00 24820

STATEMENT

Fuller, Carrie L
100 South Terry Rd
Syracuse, NY 13219

Neonatal Associates Of CNY
736 Irving Ave
Room 9100
Syracuse, NY 13210

(315) 470-7009

Twin A

DATE	DESCRIPTION OF SERVICE	AMOUNT	INSUR BALANCE	PATIENT BALANCE	BALANCE
02/23/10	**ENCOUNTER 63841 FOR TYLER WITH BODE MD, MICHELLE M**				
02/23/10	99244 - Clinic Office Visit	$350.00		$20.00	
03/18/10	BC/BS Payment (3 (Copayment Applied))	-$189.63			
03/18/10	BC/BS Adjustment (3 (Copayment Applied))	-$140.37			
08/18/10	Bankruptcy	-$20.00			
03/21/11	Adjustment Positive	$20.00			
	ENCOUNTER TOTAL	**$20.00**	**$0.00**	**$20.00**	**$20.00**

ACCOUNT NBR	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE
24820	$0.00	$0.00	$0.00	$0.00	$20.00	$20.00

MESSAGE:
CREDIT CARDS ARE NOW BEING ACCEPTED.

PLEASE PAY THIS AMOUNT »»»» $20.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

STATEMENT

PAGE: 1

Excellus

165 Court Street, Rochester, NY 14647

PROCESS DATE/TIME 03/18/2010 04:14 PAGE 1

PHYSICIAN REMITTANCE SUMMARY

PROVIDER ID 1225253271 NEONATAL ASSOC OF ONY PC
758 IRVING AVE RM B105
SYRACUSE NY 13210

SUBSCRIBER ID / CLAIM ID	PATIENT NAME / LAST/FIRST	PATIENT ACCOUNT #	PROCEDURE CODE	SERVICE START	SERVICE END	CLAIMS CHARGES	ALLOWED AMOUNT	BENEFIT ALLOWANCE	REIMBURSED AMOUNT	PATIENT LIAB
ZFA115BP9214-3	FULLER	001200083842	99244	02/23/10	02/23/10	350.00	209.63	209.63	189.63	20.00
800708852420	EMMA					PRICED AT ONY SCHEDULE OF ALLOWANCES				
						ALLOWANCE REDUCED BY COPAYMENT	208.63	208.63	189.63	20.00
	PAID		CLAIM TOTAL			350.00	208.63	208.63	189.63	20.00
ZFA115BP9214-2	FULLER	001200083841	99244	02/23/10	02/23/10	350.00	209.63	209.63	189.63	20.00
800708852480	TYLER					PRICED AT ONY SCHEDULE OF ALLOWANCES				
						ALLOWANCE REDUCED BY COPAYMENT	208.88	208.63	189.63	20.00
	PAID		CLAIM TOTAL			350.00	208.88	208.63	189.63	20.00

Neonatal Associates of Central New York, PC

PATIENT CONSENT FORM

The Department of Health and Human Services has established a "Privacy Rule" to help insure that personal information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patients' consent for uses and disclosures of health information about the patient to carry out treatment, payment, and/or health care operations.

As our patient we want you to know that we respect the privacy of your personal health information (PHI) and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information and information about treatment, payment or health care operations, in order to provide health care that is in your best interest.

We also want you to know that we support your full access to your personal medical records. We may have indirect treatment relationships with you (such as laboratories that only interact with physicians and not patients), and may have to disclose personal health information for purposes of treatment, payment, or health care operations. These entities are most often not required to obtain patient consent. You may refuse to consent to the use or discloser of your PHI, but this must be in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your PHI. If you choose to give consent in this document, at some future time you may request to refuse all or part of your PHI. You may not revoke actions that have already been taken which relied on this or a previously signed consent.

If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer.

You have the right to review our privacy notice, to request restrictions and revoke consent in writing after you have reviewed our privacy notice.

In the event your account were to go to collections for lack of payment, you will be responsible for any and all collection and/or attorney fees.

Carrie L Fuller — 6-9-09

Signature — Date

Carrie L Fuller

Print Name

MAKE CHECKS PAYABLE TO:

Neonatal Associates Of CNY
736 Irving Ave
Room 9100
Syracuse, NY 13210

03/21/11 $20.00 24820

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Excellus BlueCross BlueShield

160 Court Street, Rochester, NY 14647

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ZFA1158P9214-3	FULLER EMMA	001200063842	99244	02/23/10	02/23/10	350.00	209.83	209.83	189.83	20.00
800708624 80					PRICED AT ALLOWANCE	CNY SCHEDULE REDUCED	OF ALLOWANCES COPAYMENT			
						350.00	209.83	209.83	189.83	20.00
	PAID		CLAIM TOTAL							
ZFA1158P9214-3	FULLER TYLER	001200063841	99244	02/23/10	02/23/10	350.00	209.83	209.83	189.83	20.00
800708624 80					PRICED AT ALLOWANCE	CNY SCHEDULE REDUCED	OF ALLOWANCES COPAYMENT			
						350.00	209.83	209.83	189.83	20.00
	PAID		CLAIM TOTAL							

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We also want you to know that we support your full access to your personal medical records. We may have indirect treatment relationships with you (such as laboratories that only interact with physicians and not patients), and may have to disclose personal health information for purposes of treatment, payment, or health care operations. These entities are most often not required to obtain patient consent. You may refuse to consent to the use or discloser of your PHI, but this must be in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your PHI. If you choose to give consent in this document, at some future time you may request to refuse all or part of your PHI. You may not revoke actions that have already been taken which relied on this or a previously signed consent.

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Carrie L Fuller — 6-9-09

Signature — Date

Carrie L Fuller

Print Name